

Missouri

UNIFORM APPLICATION

FY 2022 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 01/14/2022 2:08:51 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Missouri Department of Mental Health

Organizational Unit Division of Behavioral Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

II. Contact Person for the Block Grant

First Name Nora

Last Name Bock

Agency Name Missouri Department of Mental Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

Telephone 573-751-9499

Fax 573-751-7814

Email Address nora.bock@dmh.mo.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2020

To 6/30/2021

Block Grant Expenditure Period

From 10/1/2018

To 9/30/2020

IV. Date Submitted

Submission Date 11/24/2021 3:36:34 PM

Revision Date 11/24/2021 3:37:02 PM

V. Contact Person Responsible for Report Submission

First Name Jason

Last Name Jones

Telephone 573-751-8061

Fax 573-751-7814

Email Address Jason.Jones@dmh.mo.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name Renee

Last Name Rothermich

Telephone 573-522-8077

Email Address Renee.Rothermich@dmh.mo.gov

Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Coordination of Primary Care and Behavioral Health Services

Priority Type: SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Coordinate consumers' primary and behavioral healthcare in order to improve consumer health and reduce medical costs.

Objective:

Strategies to attain the goal:

- 1) Continue to coordinate preventative and preventive and primary care for Health Home participants
- 2) Continue outreach to Medicaid-enrolled adults who 1) have a substance use disorder or serious mental illness, 2) have high annual healthcare costs, and 3) are not currently enrolled in behavioral health treatment
- 3) Contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Home programs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of participants in Health Homes per fiscal year

Baseline Measurement: 31,616

First-year target/outcome measurement: 31,000

Second-year target/outcome measurement: 31,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Medicaid Claims

New Data Source(if needed):

Description of Data:

The number of Health Home participants is determined from a Per member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency, MO HealthNet, on a monthly basis. These are individuals who participated at any time during the specified fiscal year.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in Health Home for FY 2020 is 31,976.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Health Home contracted providers have experienced staffing shortages and reduced consumer participation due to the COVID-19 pandemic resulting a reduction in the number of participants served in the Health Homes during FY 2021. The number of participants in Health Home in FY 2021 is 29,542.

How second year target was achieved (optional):

Indicator #: 2

Indicator: Number of participants in DM 3700 per fiscal year

Baseline Measurement: 6,189

First-year target/outcome measurement: 5,000

Second-year target/outcome measurement: 5,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

A participant in DM 3700 is defined as a consumer who is listed on the master list of DM 3700 participants and has an open CPS or ADA episode of care during the specified fiscal year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in DM 3700 in FY 2020 is 6,911.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of participants in DM 3700 in FY 2021 is 7,088.

Indicator #: 3

Indicator: Number of participants in ADA Disease Management per fiscal year

Baseline Measurement: 750

First-year target/outcome measurement: 1300

Second-year target/outcome measurement: 1300

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

A participant in ADA Disease Management is defined as a consumer who is listed on the master list of ADA Disease Management participants and has an ADA or CPS open episode of care during the specified fiscal year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in ADA DM in FY 2020 is 2,345.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of participants in SUD DM in FY 2021is 2,534.

Priority #: 2

Priority Area: Crisis Intervention

Priority Type: SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Promote safety and emotional stability, minimize further deterioration in mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by linking individuals in need of behavioral healthcare services with those services.

Objective:

Strategies to attain the goal:

- 1) Identify and address structural barriers, miscommunications, and consistent patters that reduce access to behavioral healthcare services.
- 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises.
- 3) Advocate for and engage individuals in crisis in behavioral health treatment and support services.
- 4) Provide immediate person-centered interventions to individuals in behavioral health crisis and facilitate timely access to services and supports.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of referrals to the CMHLs per fiscal year

Baseline Measurement: 10,250

First-year target/outcome measurement: 9,000

Second-year target/outcome measurement: 9,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Coalition for Community Behavioral Healthcare

New Data Source(if needed):

Description of Data:

Number of CMHL contacts are tracked by the Missouri Coalition for Community Behavioral Healthcare

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

An Individual may account for more than one contact.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of referrals to the CMHLs in FY 2020 is 10,472.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of referrals to the CMHLs in FY 2020 is 15,884.

Indicator #: 2

Indicator: Number served in the ERE project per fiscal year

Baseline Measurement: 1,837

First-year target/outcome measurement: 1,500

Second-year target/outcome measurement: 1,500

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Coalition for Community Behavioral Healthcare

New Data Source(if needed):

Description of Data:

Number of served in the ERE project is tracked and reported by the Missouri Coalition for Community Behavioral Healthcare.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number served in the ERE project in FY 2020 is 2,029.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number served in the ERE project in FY 2021 is 1,861.

Indicator #: 3

Indicator: Number of new law enforcement officers trained in CIT per fiscal year

Baseline Measurement: 1,301

First-year target/outcome measurement: at least 900

Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Coalition for Community Behavioral Healthcare

New Data Source(if needed):

Description of Data:

Number of CIT officers trained is tracked and reported by the Missouri Coalition for Community Behavioral Healthcare.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of law enforcement officers trained in CIT in FY 2020 is 1,217.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of law enforcement officers trained in CIT in FY 2021 is 1,097.

Indicator #: 4

Indicator: Number of ACI calls per fiscal year

Baseline Measurement: 73,468

First-year target/outcome measurement: 75,000

Second-year target/outcome measurement: 75,000

New Second-year target/outcome measurement(if needed):

Data Source:

Contracted Provider Reporting

New Data Source(if needed):

Description of Data:

Number of ACI calls is tracked and reported by the contracted agencies on a quarterly basis.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

none.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of ACI calls in FY 2020 is 77,148.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of ACI calls in FY 2021 is 99,645.

Priority #: 3

Priority Area: Department of Corrections Community Supervised Offenders

Priority Type: SAT, MHS

Population(s): SMI, Other (Criminal/Juvenile Justice)

Goal of the priority area:

Improve access to clinically appropriate services

Objective:

Strategies to attain the goal:

1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders needing

substance use disorder treatment in order to facilitate rapid assessment and treatment initiation.

2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services.

3) Continue the CMHT – Community Mental Health Treatment and OSMI - Offenders with Serious Mental Illness programs.

4) Continue to participate on the DOC Oversight Committee.

5) Coordinate with DOC to administrate the JRITP with a focus on reducing the risk of harm due to substance use and mental health conditions, reducing recidivism, improving opportunities for employment or education, and improving the availability of stable housing.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Current MOUs between DMH and DOC

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

MOUs are maintained by the DMH Contracts Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

MOU between DMH and DOC is current.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

MOU between DMH and DOC for FY 2021 is current.

Indicator #: 2

Indicator: Number of Oversight Committee meetings

Baseline Measurement: 4

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 4

New Second-year target/outcome measurement(if needed):**Data Source:**

The Division of Behavioral Health's Criminal Justice Services Manager is the organizer of the meetings.

New Data Source(if needed):**Description of Data:**

Oversight meetings are scheduled by the Division of Behavioral Health (DBH) Criminal Justice Services Manager.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of Oversight Committee meetings conducted in FY 2020 is 13.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

The number of Oversight Committee meetings conducted in FY 2021 is 10.

Indicator #: 3

Indicator: Number of consumers served in Justice Reinvestment Initiative Treatment Pilot

Baseline Measurement: N/A

First-year target/outcome measurement: 325

Second-year target/outcome measurement: 375

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH Information System

New Data Source(if needed):**Description of Data:**

The number of consumers served in the Justice Reinvestment Initiative Treatment Pilot is tracked in the DMH Information System.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number served in the Justice Reinvestment Initiative Treatment Pilot in FY 2020 is 548.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of consumers served in JRITP in FY2021 is 1,031

Priority #: 4

Priority Area: Tobacco Prevention / Cessation

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Objective:

Strategies to attain the goal:

- 1) Support provider training in tobacco cessation with proven effectiveness.
- 2) Promote the inclusion of tobacco cessation in the consumer's behavioral health treatment plan.
- 3) Support tobacco cessation in Missouri's college campuses.
- 4) Ensure the provision of tobacco enforcement and merchant education:
 - a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws
 - b. Maintain a Memorandum of Agreement with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws
 - c. Conduct a merchant education visit to every tobacco retailer in the state

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Synar noncompliance rate is less than 20 percent

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

Annual Synar Report

New Data Source(if needed):

Description of Data:

Synar rate is determined from the Annual Synar Survey. For FY 2020, the Annual Synar Survey will be completed by October 1, 2020. For FY 2021, the Annual Synar Survey will be completed by October 1, 2021.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The Annual Synar Retailer Violation Rate for FFY 2021 is 11.7%. Due to COVID-19 restrictions in FY 2020 and FY 2021, the Annual Synar Survey was completed by October 30, 2020.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The Annual Synar Retailer Violation Rate for FFY 2022 is 13.7%.

Indicator #: 2

Indicator: Number of tobacco retailers visited and provided with retailer education materials per fiscal year

Baseline Measurement: 5,272

First-year target/outcome measurement: at least 5,000

Second-year target/outcome measurement: at least 5,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Database

New Data Source(if needed):

Description of Data:

Number of tobacco retailers visited and provided educational materials is documented by prevention agencies, entered into a database by DMH staff and reported in the State's Annual Synar Report.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of tobacco retailers visited and provided with retailer education materials in FY 2020 is 5,456.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of tobacco retailers visited and provided with retailer education materials in FY2020 is 5,236.

Indicator #: 3

Indicator: Number of Tobacco Treatment Specialists per fiscal year

Baseline Measurement: 29

First-year target/outcome measurement: at least 25

Second-year target/outcome measurement: at least 25

New Second-year target/outcome measurement(if needed):

Data Source:

Division of Behavioral Health Prevention Unit

New Data Source(if needed):

Description of Data:

Number of Tobacco Treatment Specialists is tracked by prevention staff.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

No Tobacco Treatment Specialists were training in FY 2020 due to budget constraints as a result of the COVID-19 pandemic.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of Tobacco Treatment Specialists trained in FY 2021 is 28.

Priority #: 5

Priority Area: Recovery Support Services

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders

Objective:

Strategies to attain the goal:

- 1) Continue to grow the number of Certified Peer Specialists working in Missouri's behavioral health treatment and recovery system of care.
- 2) Continue the four Drop-In Centers and five Peer Support Phone Lines for persons with mental illness
- 3) Promote the use of IPS Support Employment
- 4) Promote the use of Family Support
- 5) Promote the use of Recovery Support Services
- 6) Maintain a housing unit to administer the Shelter Plus Care grants to provide housing assistance to the Chronically homeless

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Certified Peer Specialists

Baseline Measurement: 800

First-year target/outcome measurement: 850

Second-year target/outcome measurement: 900

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Recovery Services Unit

New Data Source(if needed):

Description of Data:

The number of Certified Peer Specialists is tracked by DBH Recovery Services Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Certified Peer Specialists in FY 2020 is 1,003.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of Certified Peer Specialists in FY 2021 is 1,066.

Indicator #: 2

Indicator: Number of contracts for Consumer Operated Service Programs (e.g. Drop-In Centers and Peer Support Warm Lines) for persons with mental illness per fiscal year

Baseline Measurement: 9

First-year target/outcome measurement: 9

Second-year target/outcome measurement: 9

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

Contracts are maintained by the DMH Contracts Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Consumer Operated Service Programs for persons with mental illness in FY 2020 is 9.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Due to funding withholds imposed by the Missouri Governor in order to balance the state budget, Consumer Operated Service Programs were reduced to 4 for FY 2021.

How second year target was achieved (optional):

Indicator #: 3

Indicator: Number of IPS SE programs per fiscal year

Baseline Measurement: 20

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 20

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Staff

New Data Source(if needed):

Description of Data:

The number of IPS Supported Employment is tracked by DMH Staff.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Supported Employment programs in FY 2020 is 26.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of Supported Employment programs in FY 2021 is 32.

Indicator #: 4

Indicator: Number of families receiving family support per fiscal year

Baseline Measurement: 1,001

First-year target/outcome measurement: at least 900

Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement(if needed):

Data Source:

Children's Services Unit.

New Data Source(if needed):

Description of Data:

The number of Family Support trainings is tracked by the Children's Services Unit.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of families receiving family support in FY 2020 is 3,585.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of families receiving family support in FY 2021 is 2,735.

Indicator #: 5

Indicator: Number of Recovery Support Providers

Baseline Measurement: 53

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 50

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

Contracts are mainlined by the DMH Contracts Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Recovery Support providers in FY 2020 is 53.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of Recovery Support providers in FY 2021 is 51.

Priority #: 6

Priority Area: Medication Assisted Treatment for Addiction

Priority Type: SAT

Population(s): PWWDC, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

To further integrate medication therapy into the substance use disorder treatment service delivery system.

Objective:

Strategies to attain the goal:

- 1) Monitor utilization of MAT by provider and provide technical assistance as needed.
- 2) Increase utilization of different medications used in MAT at a given treatment provider.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of consumers receiving medication therapy per fiscal year

Baseline Measurement: 6,488

First-year target/outcome measurement: at least 6,000

Second-year target/outcome measurement: at least 6,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system and Medicaid claims

New Data Source(if needed):

Description of Data:

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine-containing medications, Antabuse and acamprosate (and any future FDA-approved MAT medication) is determined from billings excluding billings occurring while in detox.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

none

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of consumers receiving medication therapy in FY 2020 is 7,541.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of consumers receiving medication therapy in FY 2021 is 10,161.

Priority #: 7

Priority Area: Community Advocacy and Education

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Create positive community norms; policy change; promote mental wellness; and reduce alcohol, tobacco and other drug availability in Missouri's communities.

Objective:

Strategies to attain the goal:

- 1) Build state and community capacity for fostering strong partnerships and identifying new opportunities for collaboration.
- 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Student Survey and the Behavioral Health web tool.
- 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth.

4) Continue the education initiative in Eastern Missouri to address heroin and other opiate drug use.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of schools educated in Signs of Suicide
Baseline Measurement: N/A
First-year target/outcome measurement: at least 80
Second-year target/outcome measurement: at least 80
New Second-year target/outcome measurement(if needed):

Data Source:

DBH Contracted Providers

New Data Source(if needed):

Description of Data:

The number of schools educated in Signs of Suicide is tracked and reported by contracted providers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of schools educated in Signs of Suicide in FY 2020 is 82

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of schools educated in Signs of Suicide was affected by school district policies for COVID mitigation such as not allowing the public into buildings. The number of schools educated in Signs of Suicide in FY 2021 is 23.

How second year target was achieved (optional):

Indicator #: 2
Indicator: Number of high-risk youth served in prevention programs per fiscal year
Baseline Measurement: 3,133
First-year target/outcome measurement: at least 3,000
Second-year target/outcome measurement: at least 3,000
New Second-year target/outcome measurement(if needed):

Data Source:

DBH Contracted Providers.

New Data Source(if needed):**Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of high-risk youth served in prevention programs in FY 2020 was 2,960. Due to the COVID-19 pandemic, prevention programs were transitioned to virtual format which resulted in fewer youth reached.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Indicator #: 3

Indicator: Number of persons trained in MHFA per fiscal year

Baseline Measurement: 7,200

First-year target/outcome measurement: at least 6,500

Second-year target/outcome measurement: at least 6,500

New Second-year target/outcome measurement(if needed):**Data Source:****New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of persons trained in Mental Health First Aid in FY 2020 is 6,600

Second Year Target:

☐

Achieved

☒

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Mental Health First Aid trainings were impacted by COVID-19 mitigation policies. The largest population engaging in these trainings are school teachers and staff. Many school districts had COVID mitigation efforts that included no public access during FY 2021. MHFA is now available in a virtual format. The number of persons trained in Mental Health First Aid in FY 2021 is 4,889.

How second year target was achieved (optional):

Priority #:

8

Priority Area:

School-Based Prevention Education

Priority Type:

SAP

Population(s):

PP, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence.

Objective:**Strategies to attain the goal:**

- 1) Enhance protective factors and reverse or reduce risk factors for substance use and violence.
- 2) Improve academic and social-emotional learning to address risk factors.
- 3) Employ interactive techniques that allow for active involvement in learning.
- 4) Reinforce prevention skills over time with repeated interventions.
- 5) Ensure programming is culturally competent and age appropriate.
- 6) Conduct annual fidelity reviews.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of students participating in SPIRIT per fiscal year

Baseline Measurement:

9,354

First-year target/outcome measurement:

at least 8,000

Second-year target/outcome measurement:

at least 8,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

SPIRIT participation is tracked and reported by the program evaluator MIMH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of students participating in SPIRIT in FY 2020 is 9,834.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of students participating in SPIRIT in FY 2021 is 10,400.

Indicator #: 2

Indicator: Annual report generated

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

MIMH generates the annual report which is posted to the DMH public website.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Annual SPIRIT Report was generated and posted to the DMH website.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Annual SPIRIT Report was generated and posted to the DMH website.

Priority Area: Prescription Drug Overdose Deaths
Priority Type: SAP
Population(s): PWWD, PWID, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Prevent Opioid-related deaths and connect individuals experiencing overdose events to SUD treatment

Objective:

Strategies to attain the goal:

- 1) Increase the number of first responders, medical professionals, and other eligible groups trained to carry and administer naloxone.
- 2) Increase public awareness of opioid risks and best practices for assisting during an overdose event.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of individuals trained to carry and administer naloxone per fiscal year
Baseline Measurement: 6,564
First-year target/outcome measurement: 4,000
Second-year target/outcome measurement: 4,000
New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

The number of individuals trained to carry and administer naloxone is tracked and reported by MIMH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of individuals trained to carry and administer naloxone in FY 2020 is 6,228.

Second Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of individuals trained to carry and administer naloxone in FY 2021 is 4,619.

Indicator #: 2

Indicator: Number of doses of naloxone distributed per fiscal year

Baseline Measurement: 17,880

First-year target/outcome measurement: at least 8,000

Second-year target/outcome measurement: at least 8,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

The number of naloxone doses distributed is tracked and reported by MIMH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of doses of naloxone distributed in FY 2020 is 60,924. Funding for naloxone kits and distribution was provided by the State Opioid Response (SOR) Grant and the Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE) project. No SABG Primary Prevention funds were utilized for this effort.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of doses of naloxone distributed in FY 2021 is 31,647. Funding for naloxone kits and distribution was provided by the State Opioid Response (SOR) Grant and the Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE) project. No SABG Primary Prevention funds were utilized for this effort.

Priority #: 10

Priority Area: Evidence-based Mental Health Practices

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research.

Objective:

Strategies to attain the goal:

- 1) Continue to support EBP programs.
- 2) Provide on-going monitoring of fidelity in EBP programs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of adults served in ITCD per fiscal year

Baseline Measurement: 2,867

First-year target/outcome measurement: at least 2,000

Second-year target/outcome measurement: at least 2,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

Number of ITCD consumers is determined from paid encounters for ITCD services.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of adults served in ITCD in FY 2020 is 3,604.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of adults served in ITCD in FY 2021 is 2,429.

Indicator #: 2

Indicator: Number of adults served in ACT per fiscal year

Baseline Measurement: 692

First-year target/outcome measurement: at least 650

Second-year target/outcome measurement: at least 650

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

Number of ACT consumers is determined from paid encounters for ACT services.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number adults served in ACT in FY 2020 is 829.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

The number of adults served in ACT in FY 2021 is 1,176.

Priority #: 11

Priority Area: Persons who inject drugs intravenously

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

Ensure the provision of services to person who inject drugs in accordance with Substance Abuse Prevention and Treatment Block Grant statutory requirements

Objective:**Strategies to attain the goal:**

- 1) Monitor contractual requirements pertaining to PWID
- 2) Generate reports to monitor length of time to initiate treatment and percent engagement in treatment
- 3) Increase one-on-one discussions with key provider staff about data reports and target technical assistance as needed.

**Edit Strategies to attain the objective here:
(if needed)****Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Number of persons who inject drugs served in substance use disorder treatment per fiscal year (assuming the same level of funding)

Baseline Measurement: 11,634

First-year target/outcome measurement: at least 10,000

Second-year target/outcome measurement: at least 10,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system.

New Data Source(if needed):**Description of Data:**

Persons who inject drugs are individuals for whom a paid claim on a substance use disorder treatment program was submitted to and paid by DMH. Injection drug use is determined from the TEDS data also captured in the DMH Information system as the route of administration for the substance as IV injection or non-IV injection on the primary, secondary or tertiary substances.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of persons who inject drugs served in substance use disorder treatment in FY 2020 is 12,830.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

The number of person who inject drugs served in substance use disorder treatment in FY 2021 is 12,008.

Indicator #:

2

Indicator:

Average number of days from Initial Contact to first service for PWID per fiscal year

Baseline Measurement:

7.29

First-year target/outcome measurement:

Less than 7

Second-year target/outcome measurement:

Less than 7

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH Information System

New Data Source(if needed):**Description of Data:**

The average number of calendar days between the Initial Contact date and the date of the first paid encounter for consumers who reported injection method at admission per fiscal year.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The average number of days from Initial Contact to the first service for the PWID population in FY 2020 is 4.91 days.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The average number of days from Initial Contact to the first service for the PWID population in FY 2021 is 4.57 days.

Indicator #: 3

Indicator: Percent of persons who inject drugs who have engaged in treatment per fiscal year

Baseline Measurement: 85%

First-year target/outcome measurement: at least 80%

Second-year target/outcome measurement: at least 80%

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

The percent of the persons who reported injection method at admission who had at least 3 paid encounters during the treatment program per fiscal year.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The percent of the PWID population who have engaged in treatment in FY 2020 is 84%

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The percent of PWID population who have engaged in treatment in FY 2021 is 83.7%.

Priority #: 12

Priority Area: Substance use treatment for Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Continue to provide services to pregnant women and women with dependent children

Objective:

Strategies to attain the goal:

- 1) Monitor contractual compliance with regard to admission of pregnant women to substance use disorder treatment.
- 2) Continue collecting wait list and capacity management data for contracted providers.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year (assuming the same level of funding)

Baseline Measurement: 6,433

First-year target/outcome measurement: at least 5,900

Second-year target/outcome measurement: at least 5,900

New Second-year target/outcome measurement*(if needed)*:

Data Source:

DMH Information System

New Data Source*(if needed)*:

Description of Data:

The number of pregnant women and women with dependent children served is captured in the DMH information system. These are individuals for which a paid claim was submitted and paid by DMH. Pregnancy status and number of dependent children are captured in the DMH information system.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of pregnant women or women with dependent children served in substance use disorder treatment in FY 2020 is 6,497.

Second Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of pregnant women or women with dependent children served in substance use disorder treatment in FY 2021 is 6,333.

Priority #: 13
Priority Area: Mental Health Services for Transition-Aged Youth and Young Adults
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Promote collaboration, implementation of effective interventions and supports, and enhance skills of individuals who work with transition-aged youth, young adults and their families with behavioral health needs including those that may be at risk of a First Episode Psychosis.

Objective:

Strategies to attain the goal:

- 1) Continue to participate in the Oversight Advisory Group which focuses on the needs of youth/young adults with behavioral health issues including being at risk of or experience First Episode Psychosis.
- 2) Provide education on the importance of advocacy, prevention, early identification/intervention, and evidence-based treatment.
- 3) Provide training on evidence-based and promising practices.
- 4) Expand Integrated Treatment for Co-Occurring Disorders (ITCD) services to meet the unique needs of the transition-aged youth/young adult population.
- 5) Promote ACT TAY programs statewide.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of education sessions per fiscal year
Baseline Measurement: 13
First-year target/outcome measurement: 4
Second-year target/outcome measurement: 4

New Second-year target/outcome measurement(if needed):

Data Source:

The DBH Children's Unit tracks education sessions.

New Data Source(if needed):

Description of Data:

The number of education sessions are tracked and reported by the DMH Children's Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of education sessions in FY 2020 is 11.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of education sessions in FY 2021 is 4.

Indicator #: 2

Indicator: Number of Evidence-Based Practice related provide trainings per fiscal year

Baseline Measurement: 6

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 4

New Second-year target/outcome measurement(if needed):

Data Source:

The DBH Children's Unit tracks EBP related trainings.

New Data Source(if needed):

Description of Data:

The number of Evidence Based Practice- related trainings for Mental Health transition-aged youth and young adults are tracked and reported by the DMH Children's Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Evidence-Based Practice related provider trainings in FY 2020 is 8.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of Evidence-based Practice-related provider trainings in FY 2021 is 6.

Indicator #: 3

Indicator: Number of Transition-Aged Youth/Young Adults served in ITCD per fiscal year

Baseline Measurement: 53

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 50

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system.

New Data Source(if needed):

Description of Data:

The number of Transition-Aged Youth/Young Adults served in ITCD is determined by paid encounters for ITCD services in youth community psychiatric services programs.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Transition-Aged Youth or Young Adults served in ITCD in FY 2020 is 362.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of Transition-Aged Youth or Young Adults served in ITCD in FY 2021 is 162.

Indicator #: 4

Indicator: Number served in ACT TAY programs per fiscal year

Baseline Measurement: 529

First-year target/outcome measurement: 500

Second-year target/outcome measurement: 500

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

The number of consumers with paid encounters in the Youth Assertive Community Treatment program.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Transition-Aged Youth or Young Adults served in ACT in FY 2020 is 549.

Second Year Target:

☐

Achieved

☒

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

DMH contracted providers have experienced staffing shortages among their ACT TAY teams during the COVID-19 pandemic. Staff on ACT TAY teams may only be replaced with qualified staff due to fidelity requirements in the evidence based practice. The shortage has resulted in a reduction of capacity in the ACT TAY programs. The number of persons served in ACT TAY in FY 2021 is 496.

How second year target was achieved (optional):

Priority #: 14

Priority Area: Behavioral Healthcare services for Children

Priority Type: MHS

Population(s): SED

Goal of the priority area:

To enhance Children's Behavioral Health services by increasing the knowledge of effective services, supports and interventions, enhancing the skills of service providers and expanding services based on the needs of the children, youth and families served.

Objective:

Strategies to attain the goal:

- 1) Continue the statewide Adolescent CSTAR Committee focusing on the needs of youth/young adults with substance use issues. Committee will provide collaboration regarding issues of policy, training, treatment, funding, and outreach for adolescent substance use disorders.
- 2) Increase dissemination of research, best practices and success stories

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of meetings of the Adolescent CSTAR Committee per fiscal year.

Baseline Measurement: 6

First-year target/outcome measurement: at least 4

Second-year target/outcome measurement: at least 4

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Children's Unit

New Data Source(if needed):

Description of Data:

The number of meetings is tracked and reported by the DBH Children's Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of meetings of the Adolescent CSTAR Committee in FY 2020 is 3. The fourth meeting of this group was cancelled due to the COVID-19 pandemic.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The Adolescent CSTAR Committee has been combined into a larger CSTAR committee; however, the number of meetings of this committee with agenda items related to adolescent SUD treatment was 12.

Indicator #: 2

Indicator: Number of posts of articles, research, and stories specific to behavioral healthcare for children per fiscal year

Baseline Measurement: 25

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 20

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Children's Unit

New Data Source(if needed):

Description of Data:

The number of postings is tracked and reported by the DBH Children's Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of posts of articles, research, and stories specific to behavioral healthcare for children in FY 2020 is 23.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of posts of articles, research and stories specific to behavioral healthcare for children in FY 2021 is 30.

Footnotes:

SABG COVID Testing and Mitigation Program Report for 9/1/2021 – 9/30/2021

Missouri Department of Mental Health

[illegible]

The Missouri Department of Mental Health will not have any expenditures for this timeframe as we need authority to spend through the State Legislative process. We should have it fully, or close to, expended by the end of June.

III: Expenditure Reports

Table 2A - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID -19 ¹
1. Substance Abuse Prevention ² and Treatment	\$16,068,199.95		\$65,361,284.22	\$16,604,200.90	\$42,757,407.15	\$0.00	\$0.00	\$0.00
a. Pregnant Women and Women with Dependent Children ²	\$2,254,998.53		\$1,246,122.98	\$0.00	\$4,304,204.27	\$0.00	\$0.00	\$0.00
b. All Other	\$13,813,201.42		\$64,115,161.24	\$16,604,200.90	\$38,453,202.88	\$0.00	\$0.00	\$0.00
2. Substance Abuse Primary Prevention	\$5,875,866.96		\$0.00	\$5,559,458.55	\$1,453,631.51	\$0.00	\$0.00	\$0.00
3. Tuberculosis Services	\$95.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ³	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital								
6. Other 24 Hour Care								
7. Ambulatory/Community Non-24 Hour Care								
8. Mental Health Primary Prevention								
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)								
10. Administration (Excluding Program and Provider Level)	\$1,354,972.99		\$0.00	\$1,754,298.19	\$1,121,184.00	\$0.00	\$0.00	\$0.00
11. Total	\$23,299,134.90	\$0.00	\$65,361,284.22	\$23,917,957.64	\$45,332,222.66	\$0.00	\$0.00	\$0.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state expenditure period of July 1, 2021 – June 30, 2023, for most states.

²Prevention other than primary prevention

³Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

Table 2B - COVID-19 Relief Supplemental Funds Expenditure by Service – Requested

Expenditure Period Start Date: 3/15/2021 Expenditure Period End Date: 9/30/2021

Service	Expenditures
Healthcare Home/Physical Health	
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
Prevention (Including Promotion)	\$1,117,015
Screening with Evidence-based Tools	
Risk Messaging	
Access Line/Crisis Phone Line/Warm Line	
Purchase of Technical Assistance	
COVID-19 Awareness and Education for Person with SUD	
Media Campaigns (Information Dissemination)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	

Intervention Services	
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
Engagement Services	
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
Outpatient Services	\$131,832
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
Medication Services	
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
Community Support (Rehabilitative)	\$37,886
Parent/Caregiver Support	
Case Management	
Behavior Management	
Supported Employment	

Permanent Supported Housing	
Recovery Housing	
Recovery Supports	\$111,422
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
Supports (Habilitative)	
Personal Care	
Respite	
Supported Education	
Acute Intensive Services	
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
Other	
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	
Purchase of increased connectivity (e.g., Wi-Fi)	
Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)	
Provider Stabilization Payments	
Transportation to COVID-19 Services (e.g., testing, vaccination)	
Other (please list)	

Total	\$1,398,155
--------------	--------------------

Please enter the five services (e.g., COVID-19 testing, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of COVID-19 Relief Supplement Funds.

1.	Primary Substance Use Disorder Prevention -Community-Based Process – (Prevention) - \$1,117,015	
2.	Group Therapy (Outpatient Services) - \$131,832	⬆
3.	Recovery Support Center Services – (Recovery Supports) - \$111,422	
4.	Behavior Management – Bridges to Care - Community Support (Rehabilitative) - \$37,886	⬇

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 Relief Supplemental Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include mobile, if any)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
No Data Available							

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Missouri does not have a syringe services program.

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

SABG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

COVID-19							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Missouri does not have a syringe services program.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention ¹ and Treatment	\$20,141,195.51
2. Primary Prevention	\$5,312,862.55
3. Tuberculosis Services	\$95.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
5. Administration (excluding program/provider level)	\$1,107,012.29
Total	\$26,561,165.35

¹Prevention other than Primary Prevention

²Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

<p>Footnotes:</p> <p>Amount of primary prevention funds for primary prevention programs (this amount should match the total reported in Table 5a and Table 5b) \$4,273,687.65</p> <p>Amount of primary prevention funds in Table 4, Line 2 that are for Prevention-SA resource development (this amount should not include funds reported in Table 5a or Table 5b) \$1,039,174.90.</p>

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures Checklist

The State or jurisdiction must complete either SABG Table 5a and/or 5b. There are six primary prevention strategies typically funded by principal agencies administering the SABG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	\$49,689.99	\$324,341.92	\$67,954.68	\$0.00	\$0.00
Information Dissemination	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Universal	\$282,180.70	\$3,004,116.56	\$240,641.51	\$0.00	\$0.00
Information Dissemination	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Total	\$331,870.69	\$3,328,458.48	\$308,596.19	\$0.00	\$0.00
Education	Selective	\$1,059,845.32	\$0.00	\$28,272.62	\$0.00	\$0.00
Education	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$588,070.47	\$0.00	\$257,448.32	\$0.00	\$0.00
Education	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Total	\$1,647,915.79	\$0.00	\$285,720.94	\$0.00	\$0.00
Alternatives	Selective	\$382,729.26	\$0.00	\$8,280.09	\$0.00	\$0.00
Alternatives	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$9,872.38	\$0.00	\$13,296.04	\$0.00	\$0.00
Alternatives	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Total	\$392,601.64	\$0.00	\$21,576.13	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$551.27	\$0.00	\$644.64	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$1,430.23	\$0.00	\$942.31	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Total	\$1,981.50	\$0.00	\$1,586.95	\$0.00	\$0.00

Community-Based Process	Selective	\$355,918.89	\$0.00	\$414,461.31	\$0.00	\$0.00
Community-Based Process	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Universal	\$1,334,924.92	\$0.00	\$911,755.85	\$0.00	\$0.00
Community-Based Process	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Total	\$1,690,843.81	\$0.00	\$1,326,217.16	\$0.00	\$0.00
Environmental	Selective	\$7,096.63	\$0.00	\$10,004.40	\$0.00	\$0.00
Environmental	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Universal	\$14,441.52	\$0.00	\$21,011.53	\$0.00	\$0.00
Environmental	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Total	\$21,538.15	\$0.00	\$31,015.93	\$0.00	\$0.00
Section 1926 Tobacco	Selective	\$0.00	\$0.00	\$65,698.43	\$0.00	\$0.00
Section 1926 Tobacco	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Universal	\$0.00	\$0.00	\$217,005.97	\$0.00	\$0.00
Section 1926 Tobacco	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Total	\$0.00	\$0.00	\$282,704.40	\$0.00	\$0.00
Other	Selective	\$85,039.07	\$0.00	\$76,378.26	\$0.00	\$0.00
Other	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal	\$101,897.00	\$989,127.37	\$105,540.24	\$0.00	\$0.00
Other	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Total	\$186,936.07	\$989,127.37	\$181,918.50	\$0.00	\$0.00
	Grand Total	\$4,273,687.65	\$4,317,585.85	\$2,439,336.20		

Section 1926 – Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation “Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule” (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,047,951.29	\$2,543,041.45	\$1,553,157.39	\$0.00	\$0.00
Universal Indirect	\$284,865.93	\$1,450,202.48	\$214,484.38	\$0.00	\$0.00
Selective	\$1,940,870.43	\$324,341.92	\$671,694.43	\$0.00	\$0.00
Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Column Total	\$4,273,687.65	\$4,317,585.85	\$2,439,336.20	\$0.00	\$0.00

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2019 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

SABG Award	
Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Combined ¹
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$9,361.11	\$1,024,174.90	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$15,000.00	\$0.00
8. Total	\$9,361.11	\$1,039,174.90	\$0.00

¹SABG integrated expenditures are expenditures for non-direct services/system development that cannot be separated out of the amounts devoted specifically to treatment or prevention. For Column C, do not include any amounts already accounted for in Column A, SABG Treatment and/or Column B, SABG Prevention.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022





















Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I- SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	1674a	MO100626		Eastern	Assisted Recovery Centers of America	1430 Olive Street Suite 100	St. Louis	MO	63103 -2303	\$1,253,340.21	\$1,253,340.21	\$0.00	\$0.00	\$0.00	\$0.00
	1674	X		Southeast	Assisted Recovery Centers Of America	1565 Sainte Genevieve Avenue	Farmington	MO	63640	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1641	X		Eastern	Big Brothers Big Sisters of Eastern Missouri	501 North Grand Blvd.	St. Louis	MO	63103	\$98,096.77	\$0.00	\$0.00	\$98,096.77	\$0.00	\$0.00
	257	X		Eastern	BJC Behavioral Health	1430 Olive Street	Saint Louis	MO	63103 -1006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	173a	MO101558		Eastern	Black Alc/Drug Service Information Ctr	3026 Locust Street	Saint Louis	MO	63101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	173b	MO101735		Eastern	Black Alc/Drug Service Information Ctr	3654 S. Grand Blvd.	Saint Louis	MO	63118 -3404	\$458,818.89	\$458,818.89	\$140,016.00	\$0.00	\$0.00	\$0.00
	153az	MO101785		Eastern	Bridgeway Behavioral Health	1570 South Main Street	Saint Charles	MO	63303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	043b	MO101030		Southwest	Burrell Behavioral Health	155 Corporate Place	Branson	MO	65616	\$32,002.51	\$32,002.51	\$0.00	\$0.00	\$0.00	\$0.00
	043g	MO101495		Southwest	Burrell Behavioral Health	323 East Grand Street	Springfield	MO	65807 -1447	\$4,825.53	\$4,825.53	\$0.00	\$0.00	\$0.00	\$0.00
	043i	MO101804		Southwest	Burrell Behavioral Health	1931 East Cherry Street	Springfield	MO	65802 -2952	\$17,035.28	\$17,035.28	\$0.00	\$0.00	\$0.00	\$0.00
	043n	MO750593		Southwest	Burrell Behavioral Health	800 South Park Avenue	Springfield	MO	65802 -4855	\$410,679.79	\$264,467.65	\$0.00	\$146,212.14	\$0.00	\$0.00
	043p	MO100208		Southwest	Burrell Behavioral Health	1322 South Campbell Avenue	Springfield	MO	65807 -1445	\$90,808.91	\$90,808.91	\$0.00	\$0.00	\$0.00	\$0.00
	043q	MO102394		Southwest	Burrell Behavioral Health	18593 Business Highway 13	Branson West	MO	65737 -9659	\$6,716.57	\$6,716.57	\$0.00	\$0.00	\$0.00	\$0.00
	318a	MO101293		Eastern	Center for Life Solutions	9144 Pershall Road	Hazelwood	MO	63042 -2821	\$700,393.90	\$700,393.90	\$0.00	\$0.00	\$0.00	\$0.00
	008	X		Statewide	Central Office	1706 E. Elm Street	Jefferson City	MO	65101	\$165,883.28	\$2,212.00	\$0.00	\$163,671.28	\$0.00	\$0.00
	048a	MO101028		Southwest	Clark Community Mental Health Center	P.O. Box 100	Pierce City	MO	65723 -2100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	048h	MO100249		Southwest	Clark Community Mental Health Center	P.O. Box 100	Pierce City	MO	65723	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	048i	MO101631		Southwest	Clark Community Mental Health Center	411 Third Street	Monett	MO	65708 -2008	\$12,095.16	\$12,095.16	\$0.00	\$0.00	\$0.00	\$0.00
	074c	MO100930		Southwest	Comm Mental Health Consultants Inc	815 South Ash Street	Nevada	MO	64772 -3222	\$24,035.64	\$24,035.64	\$0.00	\$0.00	\$0.00	\$0.00

	074e	MO100011	✓	Southwest	Comm Mental Health Consultants Inc	815 South Ash Street	Nevada	MO	64772-3222	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	074a	MO103330	✓	Northwest	Comm Mental Health Consultants Inc	306 South Independence Street	Harrisonville	MO	64701	\$51,228.61	\$51,228.61	\$0.00	\$0.00	\$0.00	\$0.00
	1642	X	✗	Southwest	Community Partnership of the Ozarks	330 North Jefferson Avenue	Springfield	MO	65806	\$451,339.72	\$0.00	\$0.00	\$451,339.72	\$0.00	\$0.00
	082b	MO103009	✗	Eastern	Community Treatment, Inc.	21 Municipal Drive	Arnold	MO	63010-1012	\$29.60	\$29.60	\$0.00	\$0.00	\$0.00	\$0.00
	049bl	MO100271	✗	Central	Compass Health Inc	109 Wesmor St.	Clinton	MO	64735-1786	\$45,609.33	\$45,609.33	\$0.00	\$0.00	\$0.00	\$0.00
	049bp	MO101502	✗	Central	Compass Health Inc	1000 West Nifong Blvd.	Columbia	MO	65203-5615	\$5,955.04	\$5,955.04	\$2,973.44	\$0.00	\$0.00	\$0.00
	049a	MO106614	✗	Central	Compass Health Inc	1239 Santa Fe Trail Suite 300	Marshall	MO	65340-9168	\$170.01	\$170.01	\$0.00	\$0.00	\$0.00	\$0.00
	049ak	MO902269	✗	Central	Compass Health Inc	201 North Garth Avenue	Columbia	MO	65203-4105	\$232,231.19	\$232,231.19	\$230,204.70	\$0.00	\$0.00	\$0.00
	049al	MO100179	✗	Central	Compass Health Inc	1091 Midway Drive	Linn Creek	MO	65052-1687	\$93,943.62	\$93,943.62	\$0.00	\$0.00	\$0.00	\$0.00
	049an	MO750056	✗	Central	Compass Health Inc	117 North Garth Avenue	Columbia	MO	65203-4103	\$71,826.07	\$71,826.07	\$9,831.44	\$0.00	\$0.00	\$0.00
	049au	MO100776	✗	Central	Compass Health Inc	319 Main Street	Boonville	MO	65233-1565	\$1,021.68	\$1,021.68	\$1,012.76	\$0.00	\$0.00	\$0.00
	049av	MO100483	✗	Central	Compass Health Inc	2625 Fairway Drive	Fulton	MO	65251-4023	\$20,094.60	\$20,094.60	\$8,661.44	\$0.00	\$0.00	\$0.00
	049f	MO106267	✓	Central	Compass Health Inc	200 North Keene Street	Columbia	MO	65201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049k	MO103207	✗	Central	Compass Health Inc	1700 West Main Street	Sedalia	MO	65301-3635	\$291,897.47	\$291,897.47	\$63,615.45	\$0.00	\$0.00	\$0.00
	049l	MO105814	✓	Central	Compass Health Inc	1216 Deadra Drive	Lebanon	MO	65536	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bq	MO100115	✗	Northwest	Compass Health Inc	104 Main Street	Sweet Springs	MO	65351-1315	\$959.60	\$959.60	\$0.00	\$0.00	\$0.00	\$0.00
	049p	MO103280	✗	Northwest	Compass Health Inc	703 North Devasher Rd	Warrensburg	MO	64093-9322	\$20,294.93	\$20,294.93	\$0.00	\$0.00	\$0.00	\$0.00
	049b	MO106218	✗	Southeast	Compass Health Inc	1448 East 10th Street	Rolla	MO	65401-3648	\$2,445.70	\$2,445.70	\$0.00	\$0.00	\$0.00	\$0.00
	049	MO901527	✗	Southwest	Compass Health Inc	1800 Community Drive	Clinton	MO	64735-8804	\$417,344.44	\$140,045.65	\$0.00	\$277,298.79	\$0.00	\$0.00
	049bm	MO100280	✓	Southwest	Compass Health Inc	805 North Orange Street	Butler	MO	64730-9382	\$10,029.57	\$10,029.57	\$0.00	\$0.00	\$0.00	\$0.00
	049bx	MO102111	✗	Southwest	Compass Health Inc.	860 Lynn St	Lebanon	MO	65536-3810	\$99,079.22	\$99,079.22	\$0.00	\$0.00	\$0.00	\$0.00
	049cc	MO103801	✗	Southwest	Compass Health Inc.	320 North Mac Boulevard	Nevada	MO	64772-3990	\$7,385.43	\$7,385.43	\$0.00	\$0.00	\$0.00	\$0.00
	049cd	MO103918	✗	Southwest	Compass Health Inc.	107 West Broadway Street	El Dorado Springs	MO	64744-1133	\$8,277.75	\$8,277.75	\$0.00	\$0.00	\$0.00	\$0.00
	049cf	MO106309	✗	Southwest	Compass Health Inc.	17571 North Dam Access	Warsaw	MO	65355-6396	\$21,781.24	\$21,781.24	\$0.00	\$0.00	\$0.00	\$0.00
	049cg	MO101499	✗	Southwest	Compass Health Inc.	101 Hospital Drive	Osceola	MO	64776-9547	\$4,982.46	\$4,982.46	\$0.00	\$0.00	\$0.00	\$0.00
	049ca	MO103124	✗	Northwest	Compass Health Inc.	1278 W Old Hwy 40	Odessa	MO	64076-9612	\$8,505.13	\$8,505.13	\$0.00	\$0.00	\$0.00	\$0.00
	049bw	MO101509	✗	Northwest	Compass Health Inc.	200 Lifecare Lane	Carrollton	MO	64633	\$6,123.18	\$6,123.18	\$0.00	\$0.00	\$0.00	\$0.00
	049bs	MO100313	✗	Northwest	Compass Health Inc.	616 Burkarth Road	Warrensburg	MO	64093-1462	\$6,076.70	\$6,076.70	\$0.00	\$0.00	\$0.00	\$0.00
	049bt	MO100808	✗	Northwest	Compass Health Inc.	1010 Remington Plaza	Raymore	MO	64083-8640	\$8,925.53	\$8,925.53	\$0.00	\$0.00	\$0.00	\$0.00
	049bu	MO100865	✗	Northwest	Compass Health Inc.	819 South 13 Highway	Lexington	MO	64067-1515	\$6,427.14	\$6,427.14	\$0.00	\$0.00	\$0.00	\$0.00
	049br	MO100187	✗	Central	Compass Health Inc.	227 Metro Drive	Jefferson City	MO	65109-1134	\$21,927.97	\$21,927.97	\$7,954.72	\$0.00	\$0.00	\$0.00
	049bz	MO102461	✗	Central	Compass Health Inc.	3501 Berrywood Drive	Columbia	MO	65201-6584	\$29,116.66	\$29,116.66	\$13,030.10	\$0.00	\$0.00	\$0.00
	049by	MO102376	✗	Central	Compass Health Inc.	200 Keene St	Columbia	MO	65201-8143	\$17,605.44	\$17,605.44	\$0.00	\$0.00	\$0.00	\$0.00
	049bv	MO101445	✗	Central	Compass Health Inc.	1397 State Road O	Fulton	MO	65251	\$282.99	\$282.99	\$0.00	\$0.00	\$0.00	\$0.00
	049cb	MO103231	✗	Central	Compass Health Inc.	300 Galaxie Ave.	Harrisonville	MO	64701-2084	\$7,200.82	\$7,200.82	\$0.00	\$0.00	\$0.00	\$0.00

	049ce	MO106283	✗	Central Region	Compass Health Inc.	206 S Mill St	Eldon	MO	65026-1864	\$8,285.35	\$8,285.35	\$0.00	\$0.00	\$0.00	\$0.00
	058d	MO100710	✗	Northwest	Comprehensive Mental Health Services	4311 East 58th Street	Kansas City	MO	64130-4524	\$38,306.96	\$38,306.96	\$0.00	\$0.00	\$0.00	\$0.00
	058h	MO105772	✗	Northwest	Comprehensive Mental Health Services	416 East College Street	Independence	MO	64050-2918	\$69,524.40	\$69,524.40	\$69,524.40	\$0.00	\$0.00	\$0.00
	058j	MO102319	✗	Northwest	Comprehensive Mental Health Services	7447 Holmes	Kansas City	MO	64131-1691	\$64,491.89	\$64,491.89	\$51,922.08	\$0.00	\$0.00	\$0.00
	058k	MO100184	✗	Northwest	Comprehensive Mental Health Services	4231 South Hocker Dr.	Independence	MO	64055-4723	\$58,308.82	\$58,308.82	\$37,616.94	\$0.00	\$0.00	\$0.00
	082a	MO901592	✗	Eastern	COMTREA Inc	227 East Main Street	Festus	MO	63028-1952	\$42,855.21	\$42,855.21	\$0.00	\$0.00	\$0.00	\$0.00
	082g	MO101487	✓	Eastern	COMTREA Inc	9501 Gold Finch Lane	Hillsboro	MO	63050	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	082f	MO101493	✓	Eastern	COMTREA Inc	227 East Main Street	Festus	MO	63028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1206a	X	✗	Eastern	Curators of the University of Missouri - Saint Louis	341 Woods Hall, One University Blvd	Saint Louis	MO	63121-4400	\$68,963.34	\$0.00	\$0.00	\$68,963.34	\$0.00	\$0.00
	056ae	MO100274	✗	Southeast	Family Counseling Center	1075 Jones Street	Kennett	MO	63857-3866	\$269.23	\$269.23	\$0.00	\$0.00	\$0.00	\$0.00
	056af	MO100868	✗	Southeast	Family Counseling Center	626 Independence Street	Cape Girardeau	MO	63703-6228	\$279,880.38	\$89,910.06	\$89,910.06	\$189,970.32	\$0.00	\$0.00
	056b	MO301793	✗	Southeast	Family Counseling Center	500 Highway J North	Hayti	MO	63851-1200	\$103,855.36	\$103,855.36	\$0.00	\$0.00	\$0.00	\$0.00
	056o	MO101501	✗	Southeast	Family Counseling Center	925 Highway VV	Kennett	MO	63857	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056p	MO101548	✗	Southeast	Family Counseling Center	624 North Walnut Street	Steele	MO	63877	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056v	MO102261	✓	Southeast	Family Counseling Center Inc	305 Cooper Street	Charleston	MO	63834-1670	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056y	MO101564	✗	Southeast	Family Counseling Center Inc	1905 N Douglas Street	Malden	MO	63863-2110	\$398.99	\$398.99	\$0.00	\$0.00	\$0.00	\$0.00
	056bb	MO100087	✗	Southeast	Family Counseling Center Inc	1639 Bruce Smith Parkway	West Plains	MO	65775	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056bc	MO100238	✓	Southeast	Family Counseling Center Inc	1201 Jones Street	Kennett	MO	63857-0470	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056bd	MO101391	✓	Southeast	Family Counseling Center Inc	915 Highway 84	Caruthersville	MO	63830-1920	\$73.40	\$73.40	\$0.00	\$0.00	\$0.00	\$0.00
	056be	MO101549	✗	Southeast	Family Counseling Center Inc	801 E. Marshall St	Charleston	MO	63834-1262	\$18,551.64	\$18,551.64	\$18,551.64	\$0.00	\$0.00	\$0.00
	056bf	MO105830	✓	Southeast	Family Counseling Center Inc	925 Highway VV	Kennett	MO	63857-0071	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056e	MO100620	✓	Southeast	Family Counseling Center Inc	1719 Business Highway 60 Suite A	Dexter	MO	63841	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056f	MO000041	✗	Southeast	Family Counseling Center Inc	3411 Division Drive	West Plains	MO	65775-5789	\$149,360.62	\$149,360.62	\$0.00	\$0.00	\$0.00	\$0.00
	056g	MO903598	✓	Southeast	Family Counseling Center Inc	925 Highway V V P.O. Box 71	Kennett	MO	63857	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056m	MO105848	✗	Southeast	Family Counseling Center Inc	925 Hwy VV	Kennett	MO	63857-0071	\$41,348.98	\$41,348.98	\$0.00	\$0.00	\$0.00	\$0.00
	056n	MO750502	✗	Southeast	Family Counseling Center Inc	1015 Lanton Road	West Plains	MO	65775-3854	\$406,618.61	\$406,618.61	\$0.00	\$0.00	\$0.00	\$0.00
	056ah	MO100093	✓	Southeast	Family Counseling Center Inc	3403 Division Drive	West Plains	MO	65775-5789	\$35,841.52	\$35,841.52	\$0.00	\$0.00	\$0.00	\$0.00

	056	X	✗	Southeast	Family Counseling Center Inc	106 S. Fredrick St	Cape Girardeau	MO	63703-6212	\$55,069.68	\$55,069.68	\$55,069.68	\$0.00	\$0.00	\$0.00
	056a	MO101128	✗	Southeast	Family Counseling Center Inc	20 South Sprigg Street	Cape Girardeau	MO	63703-6212	\$326,119.08	\$326,119.08	\$321,838.88	\$0.00	\$0.00	\$0.00
	056ac	MO101227	✗	Southeast	Family Counseling Center Inc	1109 Jones Street	Kennett	MO	63857-3824	\$45,327.75	\$45,327.75	\$0.00	\$0.00	\$0.00	\$0.00
	045	MO101532	✗	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506-2604	\$6,458.36	\$6,458.36	\$0.00	\$0.00	\$0.00	\$0.00
	045a	MO105244	✗	Northwest	Family Guidance Center	901 Felix Street	Saint Joseph	MO	64501-2706	\$48,291.73	\$48,291.73	\$0.00	\$0.00	\$0.00	\$0.00
	045c	MO902608	✗	Northwest	Family Guidance Center	109 East Summit Drive	Maryville	MO	64468-3615	\$1,685.54	\$1,685.54	\$0.00	\$0.00	\$0.00	\$0.00
	045d	MO902673	✗	Northwest	Family Guidance Center/Cameron	101 West 3rd Street	Cameron	MO	64429-1708	\$2,442.61	\$2,442.61	\$0.00	\$0.00	\$0.00	\$0.00
	156b	MO101029	✗	Southwest	Family Self Help Center Inc	1809 South Connor Avenue	Joplin	MO	64804-1837	\$331,545.38	\$331,545.38	\$331,545.38	\$0.00	\$0.00	\$0.00
	156c	MO100287	✓	Southwest	Family Self Help Center Inc	118 West Spring Street	Neosho	MO	64850	\$38,937.03	\$38,937.03	\$38,937.03	\$0.00	\$0.00	\$0.00
	171	X	✗	Northwest	First Call Alcohol/Drug Prevention & Recovery	633 East 63rd Street	Kansas City	MO	64110	\$189,382.20	\$0.00	\$0.00	\$189,382.20	\$0.00	\$0.00
	201	MO101433	✗	Eastern	Gateway Foundation, Inc.	1430 Olive Street Suite 300	Saint Louis	MO	63103-2303	\$39,181.97	\$39,181.97	\$0.00	\$0.00	\$0.00	\$0.00
	055	MO101673	✗	Southeast	Gibson Recovery Center	340 South Broadway Street	Cape Girardeau	MO	63703-5703	\$78,299.64	\$78,299.64	\$0.00	\$0.00	\$0.00	\$0.00
	055ad	MO101587	✗	Southeast	Gibson Recovery Center	213 North Sprigg Street	Cape Girardeau	MO	63703-6240	\$156,664.58	\$156,664.58	\$0.00	\$0.00	\$0.00	\$0.00
	055ah	MO100058	✗	Southeast	Gibson Recovery Center	208 W Broadway	Marble Hill	MO	63764-4300	\$36,579.38	\$36,579.38	\$0.00	\$0.00	\$0.00	\$0.00
	055ai	MO101720	✗	Southeast	Gibson Recovery Center	1281 County Rd 638	Cape Girardeau	MO	63701-8353	\$49.88	\$49.88	\$0.00	\$0.00	\$0.00	\$0.00
	055b	MO103785	✗	Southeast	Gibson Recovery Center Inc	1418 West Saint Joseph Street	Perryville	MO	63775	\$144,052.23	\$144,052.23	\$0.00	\$0.00	\$0.00	\$0.00
	055c	MO104593	✓	Southeast	Gibson Recovery Center Inc	137 East Front Street	Sikeston	MO	63801	\$90,733.80	\$90,733.80	\$0.00	\$0.00	\$0.00	\$0.00
	055a	MO903911	✗	Southeast	Gibson Recovery Center Inc	1112 Linden Street	Cape Girardeau	MO	63703	\$526,468.50	\$526,468.50	\$0.00	\$0.00	\$0.00	\$0.00
	154b	MO301785	✗	Northwest	Heartland Center for Behavioral Change	1730 Prospect Avenue	Kansas City	MO	64127-2544	\$301,004.71	\$301,004.71	\$0.00	\$0.00	\$0.00	\$0.00
	154k	MO100870	✗	Northwest	Heartland Center for Behavioral Change	1534 Campbell Street	Kansas City	MO	64108	\$896,391.40	\$896,391.40	\$0.00	\$0.00	\$0.00	\$0.00
	154a	MO100526	✗	Northwest	Heartland Center for Behavioral Change	1205 West College Street	Liberty	MO	64048-1035	\$28,101.15	\$28,101.15	\$0.00	\$0.00	\$0.00	\$0.00
	154ao	MO100044	✓	Northwest	Heartland Center for Behavioral Change	1212 McGee Street	Kansas City	MO	64106	\$15,270.38	\$15,270.38	\$0.00	\$0.00	\$0.00	\$0.00
	154ap	MO100045	✗	Northwest	Heartland Center for Behavioral Change	103 North Main Street	Independence	MO	64050	\$214,219.75	\$214,219.75	\$0.00	\$0.00	\$0.00	\$0.00
	154aq	MO101438	✗	Southwest	Heartland Center for Behavioral Change	840 S Glenstone Ave.	Springfield	MO	65802-3364	\$4,029.56	\$4,029.56	\$0.00	\$0.00	\$0.00	\$0.00
	154au	MO101483	✗	Southwest	Heartland Center for Behavioral Change	602 South 6th Street	Branson	MO	65616	\$644.70	\$644.70	\$0.00	\$0.00	\$0.00	\$0.00
	153ab	MO101480	✓	Southwest	Heartland Center for Behavioral Change	320 South Market Avenue	Bolivar	MO	65613-2045	\$638.62	\$638.62	\$0.00	\$0.00	\$0.00	\$0.00
	1655	X	✗	Northwest	Kim Wilson Housing	730 Armstrong Ave	Kansas City	MO	66101-2702	\$4,251.61	\$4,251.61	\$0.00	\$0.00	\$0.00	\$0.00
	401	X	✗	Statewide	Learfield Communications	505 Hobbs Rd	Jefferson City	MO	65109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	1646	X	✗	Southeast	Lincoln University	Business & Finance 306 Young Hall	Jefferson City	MO	65109	\$152,959.21	\$0.00	\$0.00	\$152,959.21	\$0.00	\$0.00
	1647	X	✗	Statewide	Missouri Alliance of Boys & Girls Clubs	122 N Ocean Drive	Port Lavaca	TX	77979	\$468,336.18	\$0.00	\$0.00	\$468,336.18	\$0.00	\$0.00
	1653	X	✗	Statewide	Missouri Association of Community Task Forces	428 E. Capitol	Jefferson City	MO	65101	\$492,792.10	\$0.00	\$0.00	\$492,792.10	\$0.00	\$0.00
	152	X	✗	Eastern	National Council on Alcoholism & Drug Abuse	8790 Manchester Road	Brentwood	MO	63144	\$634,609.96	\$0.00	\$0.00	\$634,609.96	\$0.00	\$0.00
	262	MO102928	✗	Eastern	New Beginnings CSTAR	1027 South Vandeventer	Saint Louis	MO	63110-1000	\$23,507.65	\$23,507.65	\$0.00	\$0.00	\$0.00	\$0.00
	052a	MO103389	✗	Southwest	Ozark Center	214 North Washington Street	Neosho	MO	64850-1521	\$14.60	\$14.60	\$0.00	\$0.00	\$0.00	\$0.00
	052b	MO100650	✗	Southwest	Ozark Center	305 S. Virginia Street	Joplin	MO	64801-2323	\$109,391.76	\$109,391.76	\$0.00	\$0.00	\$0.00	\$0.00
	052d	MO901501	✗	Southwest	Ozark Center	3010 McClelland Boulevard	Joplin	MO	64804-1637	\$31,600.91	\$31,600.91	\$0.00	\$0.00	\$0.00	\$0.00
	052l	MO100869	✗	Southwest	Ozark Center	307 West 11th Street	Joplin	MO	64759-1428	\$14.60	\$14.60	\$0.00	\$0.00	\$0.00	\$0.00
	052r	MO100305	✗	Southwest	Ozark Center	1105 East 32nd St.	Joplin	MO	64804-2879	\$295.28	\$295.28	\$0.00	\$0.00	\$0.00	\$0.00
	053a	MO102159	✗	Central	Phoenix Programs Inc	90 East Leslie Lane	Columbia	MO	65202-1535	\$1,572,714.18	\$1,572,714.18	\$0.00	\$0.00	\$0.00	\$0.00
	153	MO102125	✗	Eastern	Preferred Family Healthcare	10024 Office Center Avenue	St. Louis	MO	63128-1392	\$52,013.43	\$52,013.43	\$0.00	\$0.00	\$0.00	\$0.00
	153az	MO101785	✗	Eastern	Preferred Family Healthcare	325 San Juan Drive	Saint Charles	MO	63303-4129	\$50,991.45	\$50,991.45	\$0.00	\$0.00	\$0.00	\$0.00
	153av	MO100786	✗	Eastern	Preferred Family Healthcare	1570 South Main Street	St. Charles	MO	63303-4149	\$764,552.70	\$764,552.70	\$0.00	\$0.00	\$0.00	\$0.00
	153ba	MO101824	✗	Eastern	Preferred Family Healthcare	14426 South Outer 40 Road	Town And Country	MO	63017-5711	\$1,247.20	\$1,247.20	\$0.00	\$0.00	\$0.00	\$0.00
	153bb	MO102803	✗	Eastern	Preferred Family Healthcare Inc	1206 East Veterans Memorial Parkway	Warrenton	MO	63383-1314	\$84,118.90	\$84,118.90	\$13,158.49	\$0.00	\$0.00	\$0.00
	153bc	MO106069	✗	Eastern	Preferred Family Healthcare Inc	1011 East Cherry Street	Troy	MO	63379-1503	\$195,440.91	\$195,440.91	\$70,909.80	\$0.00	\$0.00	\$0.00
	153bh	MO100193	✓	Eastern	Preferred Family Healthcare Inc	4928 Delmar Boulevard	Saint Louis	MO	63108-1615	\$228,121.92	\$228,121.92	\$0.00	\$0.00	\$0.00	\$0.00
	153bm	MO100248	✓	Eastern	Preferred Family Healthcare Inc	1559 Old South River Road	Saint Charles	MO	63303-4120	\$15,999.91	\$15,999.91	\$0.00	\$0.00	\$0.00	\$0.00
	153bn	MO101628	✗	Eastern	Preferred Family Healthcare Inc	1621 North First Street	St. Louis	MO	63102	\$926.50	\$926.50	\$0.00	\$0.00	\$0.00	\$0.00
	153bo	MO102252	✗	Eastern	Preferred Family Healthcare Inc	4411 North Newstead Avenue	St. Louis	MO	63115-2534	\$39.22	\$39.22	\$0.00	\$0.00	\$0.00	\$0.00
	153bp	MO102414	✓	Eastern	Preferred Family Healthcare Inc	7020 Chippewa Street	Saint Louis	MO	63119-5602	\$146,263.57	\$146,263.57	\$0.00	\$0.00	\$0.00	\$0.00
	153ai	MO101449	✗	Eastern	Preferred Family Healthcare Inc	11701 West Florissant Avenue	Florissant	MO	63033-6744	\$2,519.15	\$2,519.15	\$0.00	\$0.00	\$0.00	\$0.00
	153al	MO101648	✗	Eastern	Preferred Family Healthcare Inc	269 Firehouse Lane	Troy	MO	63379-3133	\$29,243.29	\$29,243.29	\$0.00	\$0.00	\$0.00	\$0.00
	153am	MO101090	✗	Eastern	Preferred Family Healthcare Inc	411 East Locust Street	Union	MO	63084-1865	\$27,608.57	\$27,608.57	\$0.00	\$0.00	\$0.00	\$0.00
	153as	MO100082	✗	Eastern	Preferred Family Healthcare Inc	2120 Parkway Drive	Saint Peters	MO	63376-6459	\$15,927.35	\$15,927.35	\$135.96	\$0.00	\$0.00	\$0.00
	153at	MO100283	✓	Eastern	Preferred Family Healthcare Inc	108 South Sturgeon Street	Montgomery City	MO	63361-2503	\$42,390.14	\$42,390.14	\$0.00	\$0.00	\$0.00	\$0.00
	153aw	MO101136	✗	Eastern	Preferred Family Healthcare Inc	1601 Old South River Road	Saint Charles	MO	63303-4120	\$506,760.80	\$506,760.80	\$480,678.90	\$0.00	\$0.00	\$0.00
	153ax	MO101458	✗	Eastern	Preferred Family Healthcare Inc	2510 South Brentwood Boulevard	Brentwood	MO	63144-2329	\$125,292.05	\$125,292.05	\$24,242.99	\$0.00	\$0.00	\$0.00
	153ay	MO101486	✓	Eastern	Preferred Family Healthcare Inc	100 West Main Street	Union	MO	63084-1363	\$81,527.38	\$81,527.38	\$16,855.36	\$0.00	\$0.00	\$0.00
	153w	MO100503	✗	Eastern	Preferred Family Healthcare Inc	5025 Northrup Avenue	Saint Louis	MO	63110-2029	\$175,023.87	\$175,023.87	\$0.00	\$0.00	\$0.00	\$0.00
	153ab	MO101479	✓	Northwest	Preferred Family Healthcare Inc	611 West 3rd Street	Milan	MO	63556	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	153bq	MO103892	✓	Central	Preferred Family Healthcare Inc	1 Center Drive Suite 3	Brookfield	MO	64628	\$2,337.13	\$2,337.13	\$0.00	\$0.00	\$0.00	\$0.00
	153af	MO106093	✗	Central	Preferred Family Healthcare Inc	137 West Cedar Street	Kahoka	MO	63445-1699	\$1,283.57	\$1,283.57	\$0.00	\$0.00	\$0.00	\$0.00
	153b	MO105723	✗	Central	Preferred Family Healthcare Inc	101 Adams Street	Jefferson City	MO	65101-3058	\$101,122.52	\$101,122.52	\$0.00	\$0.00	\$0.00	\$0.00
	153q	MO100668	✗	Central	Preferred Family Healthcare Inc	210 Hoover Road	Jefferson City	MO	65109-0800	\$151,600.59	\$151,600.59	\$0.00	\$0.00	\$0.00	\$0.00
	153f	MO105046	✓	Central	Preferred Family Healthcare Inc	3029 County Road 1325	Moberly	MO	65270-5152	\$53,774.33	\$53,774.33	\$0.00	\$0.00	\$0.00	\$0.00
	153i	MO101797	✗	Central	Preferred Family Healthcare Inc	900 East LaHarpe Street	Kirksville	MO	63501-4520	\$761,067.91	\$322,168.72	\$61,723.95	\$438,899.19	\$0.00	\$0.00
	153l	MO101169	✗	Central	Preferred Family Healthcare Inc	1101 South Jamison Street	Kirksville	MO	63501-3943	\$46,823.09	\$46,823.09	\$0.00	\$0.00	\$0.00	\$0.00
	153d	MO100567	✗	Eastern	Preferred Family Healthcare Inc	3800 South Broadway	Saint Louis	MO	63118-4608	\$144,559.19	\$144,559.19	\$0.00	\$0.00	\$0.00	\$0.00
	153e	MO105715	✗	Eastern	Preferred Family Healthcare Inc	2 Westbury Drive	Saint Charles	MO	63301-2558	\$148,931.14	\$148,931.14	\$0.00	\$0.00	\$0.00	\$0.00
	153j	MO105038	✓	Northwest	Preferred Family Healthcare Inc	1702 Buckingham Drive	Saint Joseph	MO	64506-3605	\$63,082.87	\$63,082.87	\$0.00	\$0.00	\$0.00	\$0.00
	153ac	MO102019	✗	Northwest	Preferred Family Healthcare Inc	8333 East Blue Parkway	Kansas City	MO	64133-4750	\$121,398.00	\$121,398.00	\$0.00	\$0.00	\$0.00	\$0.00
	153bl	MO105202	✗	Northwest	Preferred Family Healthcare Inc	1628 Oklahoma Avenue	Trenton	MO	64683-2565	\$66,219.16	\$66,219.16	\$0.00	\$0.00	\$0.00	\$0.00
	153o	MO000025	✗	Northwest	Preferred Family Healthcare Inc	7 Westowne Street	Liberty	MO	64068-1166	\$169,808.59	\$169,808.59	\$0.00	\$0.00	\$0.00	\$0.00
	153ah	MO100922	✓	Southwest	Preferred Family Healthcare Inc	5620 West Wildwood Ranch Parkway	Joplin	MO	64804-4520	\$184,926.52	\$184,926.52	\$0.00	\$0.00	\$0.00	\$0.00
	153aq	MO903879	✗	Southwest	Preferred Family Healthcare Inc	2411 W Catalpa St	Springfield	MO	65807-1123	\$12,372.26	\$12,372.26	\$12,372.26	\$0.00	\$0.00	\$0.00
	153r	MO101479	✗	Central	Preferred Family Healthcare, Inc.	611 West Third Street	Milan	MO	63556-1000	\$762.40	\$762.40	\$0.00	\$0.00	\$0.00	\$0.00
	153au	MO100765	✗	Eastern	Preferred Family Healthcare, Inc.	4066 Dunnica Avenue	Saint Louis	MO	63116-3510	\$890,024.93	\$890,024.93	\$0.00	\$0.00	\$0.00	\$0.00
	1648	X	✗	Southeast	Prevention Consultants	104 E. Seventh Street	Rolla	MO	65401	\$128,207.38	\$0.00	\$0.00	\$128,207.38	\$0.00	\$0.00
	189	MO100591	✗	Eastern	Queen of Peace Center at Cathedral	325 North Newstead Avenue	Saint Louis	MO	63108-2707	\$163,859.91	\$163,859.91	\$70,539.53	\$0.00	\$0.00	\$0.00
	057i	MO101786	✓	Northwest	ReDiscover	927 NE Columbus Street	Lees Summit	MO	64086-2977	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057j	MO101436	✗	Northwest	ReDiscover	3720 Gillham Road	Kansas City	MO	64111-1416	\$26,719.46	\$26,719.46	\$26,587.06	\$0.00	\$0.00	\$0.00
	057k	MO102287	✗	Northwest	ReDiscover	4111 E 100th Terrace	Kansas City	MO	64137-1403	\$37,973.13	\$37,973.13	\$0.00	\$0.00	\$0.00	\$0.00
	057l	MO100192	✗	Northwest	ReDiscover	3728 Gillham Road	Kansas City	MO	64111-1416	\$87,725.94	\$87,725.94	\$86,502.58	\$0.00	\$0.00	\$0.00
	057m	MO100191	✓	Northwest	ReDiscover	3211 Woodland Avenue	Kansas City	MO	64109-2073	\$262,235.38	\$262,235.38	\$253,120.04	\$0.00	\$0.00	\$0.00
	057n	MO100667	✗	Northwest	ReDiscover	1555 E Rice Road	Lees Summit	MO	64086-6034	\$457,848.96	\$457,848.96	\$0.00	\$0.00	\$0.00	\$0.00
	057o	MO100716	✓	Northwest	ReDiscover	1555-E NE Rice Road	Lees Summit	MO	64086-6034	\$61,400.21	\$61,400.21	\$0.00	\$0.00	\$0.00	\$0.00
	057q	MO102352	✗	Northwest	ReDiscover	1579 Northeast Rice Road	Lees Summit	MO	64086-5849	\$23,432.97	\$23,432.97	\$5.87	\$0.00	\$0.00	\$0.00
	089a	MO750403	✗	Eastern	Salvation Army	2900 Washington Ave	Saint Louis	MO	63103-1306	\$489,409.80	\$489,409.80	\$0.00	\$0.00	\$0.00	\$0.00
	089b	MO101033	✗	Eastern	Salvation Army	1130 Hampton Avenue	Saint Louis	MO	63139-3147	\$43,068.65	\$43,068.65	\$0.00	\$0.00	\$0.00	\$0.00
	1651	X	✗	Northwest	SAVE Inc	3000 Harrison St	Kansas City	MO	64109-0000	\$5,109.50	\$5,109.50	\$0.00	\$0.00	\$0.00	\$0.00
	158a	MO000022	✓	Southeast	Southeast Missouri Behavioral Health	101 South Main Street	Poplar Bluff	MO	63901	\$225,744.61	\$225,744.61	\$0.00	\$0.00	\$0.00	\$0.00
	158aa	MO100240	✗	Southeast	Southeast Missouri Behavioral Health	1565 Saint Genevieve Avenue	Farmington	MO	63640-3454	\$136,535.61	\$136,535.61	\$0.00	\$0.00	\$0.00	\$0.00
	158ab	MO100236	✓	Southeast	Southeast Missouri Behavioral Health	200 North Washington Street	Salem	MO	65560-1349	\$39,930.15	\$39,930.15	\$0.00	\$0.00	\$0.00	\$0.00

158ac	MO100275	✗	Southeast	Southeast Missouri Behavioral Health	916 Smith Avenue	Dexter	MO	63841-2737	\$21,518.72	\$21,518.72	\$0.00	\$0.00	\$0.00	\$0.00
158ad	MO903853	✗	Southeast	Southeast Missouri Behavioral Health	203 North Grand Street	Salem	MO	65560-0429	\$163,142.86	\$163,142.86	\$0.00	\$0.00	\$0.00	\$0.00
158ae	MO100730	✓	Southeast	Southeast Missouri Behavioral Health	402 North Grand Street	Salem	MO	65560-1270	\$44,723.55	\$44,723.55	\$0.00	\$0.00	\$0.00	\$0.00
158q	MO101469	✗	Southeast	Southeast Missouri Behavioral Health	125 East Green Street	Piedmont	MO	63957-1248	\$16,660.30	\$16,660.30	\$0.00	\$0.00	\$0.00	\$0.00
158r	MO101471	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158s	MO101470	✗	Southeast	Southeast Missouri Behavioral Health	401 North Main Street	Van Buren	MO	63965-9628	\$1,494.65	\$1,494.65	\$0.00	\$0.00	\$0.00	\$0.00
158t	MO101518	✗	Southeast	Southeast Missouri Behavioral Health	1014 West Highway 28	Owensville	MO	65066-1679	\$33,821.87	\$33,821.87	\$0.00	\$0.00	\$0.00	\$0.00
158ag	MO102465	✓	Southeast	Southeast Missouri Behavioral Health	1103 Weber Road	Farmington	MO	63640-3345	\$509.39	\$509.39	\$0.00	\$0.00	\$0.00	\$0.00
158b	MO103157	✓	Southeast	Southeast Missouri Behavioral Health	1597 North Highway 63	Houston	MO	65483	\$18,254.47	\$18,254.47	\$0.00	\$0.00	\$0.00	\$0.00
158c	MO902319	✗	Southeast	Southeast Missouri Behavioral Health	5536 Highway 32 East	Farmington	MO	63640-0459	\$237,409.35	\$134,751.61	\$0.00	\$102,657.74	\$0.00	\$0.00
158d	MO102124	✗	Southeast	Southeast Missouri Behavioral Health	1542 Ste Genevieve Avenue	Farmington	MO	63640-3454	\$22.03	\$22.03	\$0.00	\$0.00	\$0.00	\$0.00
158e	MO102571	✗	Southeast	Southeast Missouri Behavioral Health	10071 Crescent Road	Potosi	MO	63664-2040	\$25,873.00	\$25,873.00	\$0.00	\$0.00	\$0.00	\$0.00
158h	MO000021	✗	Southeast	Southeast Missouri Behavioral Health	3150 Warrior Lane	Poplar Bluff	MO	63901-8686	\$125,108.37	\$125,108.37	\$0.00	\$0.00	\$0.00	\$0.00
158i	MO102289	✗	Southeast	Southeast Missouri Behavioral Health	200 Saint Mary Street	Pilot Knob	MO	63663	\$5,465.43	\$5,465.43	\$0.00	\$0.00	\$0.00	\$0.00
158j	MO103165	✓	Southeast	Southeast Missouri Behavioral Health	312 North Franklin Street	Cuba	MO	65453-1717	\$53,757.73	\$53,757.73	\$0.00	\$0.00	\$0.00	\$0.00
158k	MO103140	✗	Southeast	Southeast Missouri Behavioral Health	1051 Kings Highway	Rolla	MO	65401-2981	\$87,828.98	\$87,828.98	\$0.00	\$0.00	\$0.00	\$0.00
158o	MO101468	✗	Southeast	Southeast Missouri Behavioral Health	104 A Washington Street	Doniphan	MO	63935	\$10,589.79	\$10,589.79	\$0.00	\$0.00	\$0.00	\$0.00
158af	MO100090	✗	Southeast	Southeast Missouri Behavioral Health, Inc.	1899 North Westwood Boulevard Suite C PMB 262	Poplar Bluff	MO	63901-3313	\$39,729.30	\$39,729.30	\$0.00	\$0.00	\$0.00	\$0.00
158p	MO101451	✗	Eastern	Southeast Missouri Behavioral Health	1430 Doubet Road	Farmington	MO	63640	\$14,361.67	\$14,361.67	\$0.00	\$0.00	\$0.00	\$0.00
1694	X	✗	Southeast	Southeast Missouri State University	One University Plaza	Cape Girardeau	MO	63701	\$117,285.64	\$0.00	\$0.00	\$117,285.64	\$0.00	\$0.00
185	MO105152	✗	Northwest	Tri County Mental Health Services	3100 NE 83rd Street	Kansas City	MO	64119-4400	\$137,336.11	\$4,357.10	\$0.00	\$132,979.01	\$0.00	\$0.00

	255	MO103504	✖	Northwest	Truman Medical Center Behavioral Health	2301 Holmes St	Kansas City	MO	64108-2640	\$2,013.79	\$2,013.79	\$0.00	\$0.00	\$0.00	\$0.00
	061f	MO106671	✖	Central	Turning Point Recovery Center	100 East Rollins Street	Moberly	MO	65270	\$30,203.74	\$30,203.74	\$0.00	\$0.00	\$0.00	\$0.00
	061g	MO100718	✔	Central	Turning Point Recovery Center	504 Lewis Street	Canton	MO	63435	\$6,582.27	\$6,582.27	\$0.00	\$0.00	\$0.00	\$0.00
	061i	MO101793	✔	Central	Turning Point Recovery Center	1420 Business 61 South	Bowling Green	MO	63334	\$8,330.23	\$8,330.23	\$0.00	\$0.00	\$0.00	\$0.00
	061	MO750098	✖	Central	Turning Point Recovery Center	146 Communications Drive	Hannibal	MO	63401-3672	\$1,038,945.66	\$1,038,945.66	\$363,184.37	\$0.00	\$0.00	\$0.00
	061a	MO100016	✖	Central	Turning Point Recovery Center	3500 Palmyra Road	Hannibal	MO	63401-2212	\$73,005.89	\$73,005.89	\$73,005.89	\$0.00	\$0.00	\$0.00
	061b	MO101011	✖	Central	Turning Point Recovery Center	201 East Monroe Street	Mexico	MO	65265	\$48,730.02	\$48,730.02	\$0.00	\$0.00	\$0.00	\$0.00
	061c	MO100315	✖	Central	Turning Point Recovery Center	3125 Palmyra Road	Hannibal	MO	63401-3672	\$56,121.45	\$56,121.45	\$0.00	\$0.00	\$0.00	\$0.00
	061d	MO106101	✖	Central	Turning Point Recovery Centers	303 North Missouri Street	Macon	MO	63552	\$4,377.06	\$4,377.06	\$0.00	\$0.00	\$0.00	\$0.00
	407	X	✖	Statewide	University of MO - Columbia	Sponsored Programs Admin 310	Columbia	MO	65211	\$20,026.68	\$0.00	\$0.00	\$20,026.68	\$0.00	\$0.00
	269	MO105087	✖	Eastern	Westend Clinic Inc	5736 West Florissant Avenue	Saint Louis	MO	63120-2457	\$608,247.61	\$608,247.61	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$24,406,645.41	\$20,132,957.76	\$3,045,239.19	\$4,273,687.65	\$0.00	\$0.00

* Indicates the imported record has an error.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2020 Expenditure Period End Date: 06/30/2021

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2019) + B2(2020)</u> 2 (C)
SFY 2019 (1)	\$63,734,144.00	
SFY 2020 (2)	\$68,853,863.00	\$66,294,003.50
SFY 2021 (3)	\$68,029,909.26	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2019	Yes	<u>X</u>	No	_____
SFY 2020	Yes	<u>X</u>	No	_____
SFY 2021	Yes	<u>X</u>	No	_____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes _____ No X

If yes, specify the amount and the State fiscal year: _____

If yes, SFY: _____

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes _____ No _____

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations? _____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.

The SAPT Block Grant MOE is an average of the two prior year's state expenditures. State expenditures are tracked in the SAMII Accounting system by appropriation and project code when applicable.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Table 8a includes \$22,697,686.60 reported in the Medicaid Column of Table 2

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2020 Expenditure Period End Date: 06/30/2021

Base

Period	Total Women's Base (A)
SFY 1994	\$ 7,728,020.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2019		\$ 9,220,751.00	
SFY 2020		\$ 8,651,578.00	
SFY 2021		\$ 7,805,326.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2022 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 7805326.00

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C. § 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Persons with Substance Use Disorders	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
Pregnant	1. Information Dissemination	

women/teens

1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
3. Alternatives	
6. Recreation activities	12
4. Problem Identification and Referral	
4. School Screenings	4
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
2. Systematic planning	12
3. Multi-agency coordination and collaboration/coalition	13
4. Community team-building	11
5. Accessing services and funding	12

Drop-outs

1. Information Dissemination	
1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
3. Alternatives	
6. Recreation activities	12
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
2. Systematic planning	12
3. Multi-agency coordination and collaboration/coalition	13
4. Community team-building	11
5. Accessing services and funding	12

Violent and delinquent

1. Information Dissemination	
-------------------------------------	--

behavior

1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
2. Education	
4. Education programs for youth groups	18
3. Alternatives	
6. Recreation activities	12
4. Problem Identification and Referral	
4. School Screenings	4
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
2. Systematic planning	12
3. Multi-agency coordination and collaboration/coalition	13
4. Community team-building	11
5. Accessing services and funding	12
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12

Mental health problems

1. Information Dissemination	
1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
2. Education	
1. Parenting and family management	3
3. Alternatives	

	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
Economically disadvantaged	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	8
	5. Mentors	4
	3. Alternatives	
	2. Youth/adult leadership activities	17
	6. Recreation activities	13
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer	

	training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
Physically disabled	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
Abuse victims	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12

	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
Already using substances	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
Homeless and/or runaway youth	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12

4. Problem Identification and Referral	
4. School Screenings	4
5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	13

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Level of Care	SABG Number of Admissions \geq Number of Persons Served		COVID-19 Number of Admissions \geq Number of Persons Served		SABG Costs per Person (C, D & E)			COVID-19 Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)										
1. Hospital Inpatient	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Free-Standing Residential	3,676	3,106	0	0	\$1,308.00	\$854.00	\$1,354.00	\$0.00	\$0.00	\$0.00
REHABILITATION/RESIDENTIAL										
3. Hospital Inpatient	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Short-term (up to 30 days)	4,244	3,808	0	0	\$4,578.00	\$3,632.00	\$4,354.00	\$0.00	\$0.00	\$0.00
5. Long-term (over 30 days)	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AMBULATORY (OUTPATIENT)										
6. Outpatient	11,175	10,412	0	0	\$1,827.00	\$897.00	\$2,727.00	\$0.00	\$0.00	\$0.00
7. Intensive Outpatient	13,916	12,756	0	0	\$2,154.00	\$1,073.00	\$3,145.00	\$0.00	\$0.00	\$0.00
8. Detoxification	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OUD MEDICATION ASSISTED TREATMENT										
9. OUD Medication-Assisted Detoxification ¹	456	422	0	0	\$1,831.00	\$2,048.00	\$826.00	\$0.00	\$0.00	\$0.00
10. OUD Medication-Assisted Treatment Outpatient ²	2,126	1,939	0	0	\$2,217.00	\$1,692.00	\$2,546.00	\$0.00	\$0.00	\$0.00

Please explain why Column A (SABG and COVID-19 Number of Admissions) are less than Column B (SABG and COVID-19 Number of Persons Served)

¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

² OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

In State FY2020, the only contracted agency with a Hospital Inpatient Detoxification program converted the program to a Free-Standing

Residential Detoxification program. As of SFY 2021, Missouri no longer has any consumers served in Hospital Inpatient Detoxification.

COVID-19: Missouri's spending authority for the COVID-19 Relief Supplemental funds began with the start of State Fiscal Year 2022. None of Missouri's COVID-19 Relief funds were spent in State Fiscal Year 2021.

IV: Population and Services Reports

Tables 11A, 11B and 11C - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG and COVID-19 Relief Supplement funded services.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

TABLE 11A – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1,589	747	514	98	58	0	2	1	3	4	2	55	43	45	17	896	608	54	31
2. 18 - 24	3,490	1,493	1,288	277	167	2	0	5	2	2	2	103	88	57	4	1,877	1,521	62	50
3. 25 - 44	14,410	6,263	4,880	1,688	771	9	5	17	4	21	17	303	260	130	42	8,211	5,847	220	132
4. 45 - 64	4,604	2,141	1,053	930	307	5	0	6	1	6	4	80	42	28	1	3,136	1,390	60	28
5. 65 and Over	124	57	14	37	12	0	0	0	0	2	0	1	0	0	1	97	27	0	0
6. Total	24,217	10,701	7,749	3,030	1,315	16	7	29	10	35	25	542	433	260	65	14,217	9,393	396	241
7. Pregnant Women	525		429		92		0		1		0		0		3		536		16
Number of persons served who were admitted in a period prior to the 12 month reporting period		3,509																	
Number of persons served outside of the levels of care described on Table 10		11,899																	

Are the values reported in this table generated from a client based system with unique client identifiers? ☒ Yes ☐ No

TABLE 11B – COVID-19 Unduplicated Count of Persons Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 18 - 24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 25 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 45 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 65 and Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Pregnant Women	0		0		0		0		0		0		0		0		0		0

TABLE 11C – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested)

Age	Cisgender Male	Cisgender Female	Transgender Man /Transman /Female -To-Man	Transgender Woman/ Transwoman/ Male-To-Female	Genderqueer/ Gender Non-Conforming/ Neither Exclusively Male nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Gay or Lesbian	Bisexual	Queer, Pansexual, and/or Questioning	Something Else? Please Specify Under Footnotes
1. 17 and Under											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
6. Total	0	0	0	0	0	0	0	0	0	0	0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Table 11B: Missouri's spending authority for the COVID-19 Relief Supplemental funds began with the start of State Fiscal Year 2022. None of Missouri's COVID-19 Relief funds were spent in State Fiscal Year 2021.

Table 11C: Missouri DMH does not collect gender identity or sexual orientation.

IV: Population and Services Reports

Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Missouri is not an HIV designated state.

IV: Population and Services Reports

Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☒ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☒ SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- ☒ Other networks and information systems are used to help identify providers.
- ☒ State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

Recovery Support Services (RSS) supports a voucher-based program, of which consumer choice is fundamental. Each consumer served can choose between at least two service providers, to which at least one they have no religious objection. That basic premise is repeated in all RSS policies and trainings. Additionally, a free-choice statement is printed on every RSS voucher.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	823	838
Total number of clients with non-missing values on employment/student status [denominator]	4,132	4,132
Percent of clients employed or student (full-time and part-time)	19.9 %	20.3 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		2,621
Number of CY 2020 discharges submitted:		4,465
Number of CY 2020 discharges linked to an admission:		4,464
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,313
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		4,132

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0
---	---

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	3,717	4,001
Total number of clients with non-missing values on employment/student status [denominator]	8,194	8,194
Percent of clients employed or student (full-time and part-time)	45.4 %	48.8 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		9,527
Number of CY 2020 discharges submitted:		10,412
Number of CY 2020 discharges linked to an admission:		10,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,380
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		8,194

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,255	4,540
Total number of clients with non-missing values on employment/student status [denominator]	12,523	12,523
Percent of clients employed or student (full-time and part-time)	34.0 %	36.3 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		11,893
Number of CY 2020 discharges submitted:		15,469
Number of CY 2020 discharges linked to an admission:		15,460
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		14,600

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	12,523
---	--------

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,945	3,035
Total number of clients with non-missing values on living arrangements [denominator]	3,907	3,907
Percent of clients in stable living situation	75.4 %	77.7 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		2,621
Number of CY 2020 discharges submitted:		4,465
Number of CY 2020 discharges linked to an admission:		4,464
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,313
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		3,907

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	7,378	7,400
Total number of clients with non-missing values on living arrangements [denominator]	7,806	7,806
Percent of clients in stable living situation	94.5 %	94.8 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		9,527
Number of CY 2020 discharges submitted:		10,412
Number of CY 2020 discharges linked to an admission:		10,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,380
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		7,806

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	10,680	10,723
Total number of clients with non-missing values on living arrangements [denominator]	11,713	11,713
Percent of clients in stable living situation	91.2 %	91.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		11,893
Number of CY 2020 discharges submitted:		15,469
Number of CY 2020 discharges linked to an admission:		15,460
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		14,600
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		11,713

Footnotes:

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,691	3,782
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,146	4,146
Percent of clients without arrests	89.0 %	91.2 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		2,621
Number of CY 2020 discharges submitted:		4,465
Number of CY 2020 discharges linked to an admission:		4,464
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,329
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		4,146

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0
---	---

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	7,755	7,825
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	8,194	8,194
Percent of clients without arrests	94.6 %	95.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		9,527
Number of CY 2020 discharges submitted:		10,412
Number of CY 2020 discharges linked to an admission:		10,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,506
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		8,194

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	11,576	11,616
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	12,486	12,486
Percent of clients without arrests	92.7 %	93.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		11,893
Number of CY 2020 discharges submitted:		15,469
Number of CY 2020 discharges linked to an admission:		15,460
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		14,956

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	12,486
---	--------

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,900	3,064
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,233	4,233
Percent of clients abstinent from alcohol	68.5 %	72.4 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		259
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,333	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		19.4 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,805
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,900	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.7 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	2,621
Number of CY 2020 discharges submitted:	4,465
Number of CY 2020 discharges linked to an admission:	4,464
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,329
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	4,233

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	7,482	7,894
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,131	9,131
Percent of clients abstinent from alcohol	81.9 %	86.5 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		965
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,649	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		58.5 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		6,929
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,482	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.6 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	9,527
Number of CY 2020 discharges submitted:	10,412
Number of CY 2020 discharges linked to an admission:	10,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,506
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	9,131

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 12/1/2021]

Intensive Outpatient (IO)**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	11,040	11,650
All clients with non-missing values on at least one substance/frequency of use [denominator]	14,343	14,343
Percent of clients abstinent from alcohol	77.0 %	81.2 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,376
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,303	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		41.7 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		10,274
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	11,040	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.1 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	11,893
Number of CY 2020 discharges submitted:	15,469
Number of CY 2020 discharges linked to an admission:	15,460
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	14,956
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	14,343

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	843	1,355
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,233	4,233
Percent of clients abstinent from drugs	19.9 %	32.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		686
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,390	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		20.2 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		669
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	843	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.4 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	2,621
Number of CY 2020 discharges submitted:	4,465
Number of CY 2020 discharges linked to an admission:	4,464
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,329
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	4,233

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	5,385	4,962
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,131	9,131
Percent of clients abstinent from drugs	59.0 %	54.3 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,056
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,746	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		28.2 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		3,906
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,385	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		72.5 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	9,527
Number of CY 2020 discharges submitted:	10,412
Number of CY 2020 discharges linked to an admission:	10,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,506
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	9,131

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 12/1/2021]

Intensive Outpatient (IO)**A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	6,551	7,113
All clients with non-missing values on at least one substance/frequency of use [denominator]	14,343	14,343
Percent of clients abstinent from drugs	45.7 %	49.6 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,420
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,792	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		31.1 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,693
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,551	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		71.6 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	11,893
Number of CY 2020 discharges submitted:	15,469
Number of CY 2020 discharges linked to an admission:	15,460
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	14,956
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	14,343

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	641	1,226
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	4,101	4,101
Percent of clients participating in self-help groups	15.6 %	29.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	14.3 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		2,621
Number of CY 2020 discharges submitted:		4,465
Number of CY 2020 discharges linked to an admission:		4,464
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,329
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		4,101

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	0	
Number of CY 2020 discharges submitted:	0	

Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,575	1,758
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	7,611	7,611
Percent of clients participating in self-help groups	20.7 %	23.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.4 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	9,527	
Number of CY 2020 discharges submitted:	10,412	
Number of CY 2020 discharges linked to an admission:	10,387	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,506	
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	7,611	

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	2,383	2,601
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	11,237	11,237
Percent of clients participating in self-help groups	21.2 %	23.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.9 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	11,893	

Number of CY 2020 discharges submitted:	15,469
Number of CY 2020 discharges linked to an admission:	15,460
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	14,956
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	11,237

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	3	2	2	4
2. Free-Standing Residential	9	2	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	40	12	21	36
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	178	53	117	231
7. Intensive Outpatient	186	59	123	247
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	10	3	4	4
10. OUD Medication-Assisted Treatment Outpatient ²	266	37	122	345

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	22	22
2. Free-Standing Residential	4391	3775
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	4465	4464

5. Long-term (over 30 days)	0	0
AMBULATORY (OUTPATIENT)		
6. Outpatient	10412	9583
7. Intensive Outpatient	15469	15460
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹	0	476
10. OUD Medication-Assisted Treatment Outpatient ²	0	804

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 12/1/2021]

¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

² OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] ? Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2018 - 2019		

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
5. Age at First Use Heroin	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] Outcome Reported: Average age at first use of heroin.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] ^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2018 - 2019		
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2018 - 2019		
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2018 - 2019		
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2018 - 2019		
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2018 - 2019		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2018		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2019	32.0	

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2019	3.5	

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2018 - 2019		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs? ^[1] [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2018 - 2019		

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2018 - 2019		

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2019	12/31/2019
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2019	12/31/2019
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2019	12/31/2019
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2019	12/31/2019
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2018	9/30/2020

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri is using a manual data collection system.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collected and recorded a participant's race through a manual collection process. Participants who were more than one race were reported under a single race or "race not known or other" until September 2016. Starting in October 2016, Missouri added a subcategory for more than one race.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	566,239
0-4	2,972
5-11	31,150
12-14	42,214
15-17	27,046
18-20	8,720
21-24	9,313
25-44	30,307
45-64	18,123
65 and over	5,561
Age Not Known	390,833
B. Gender	566,239
Male	85,241
Female	97,759
Gender Unknown	383,239
C. Race	566,239
White	148,572
Black or African American	21,790
Native Hawaiian/Other Pacific Islander	371
Asian	1,487
American Indian/Alaska Native	276
More Than One Race (not OMB required)	1,865

Race Not Known or Other (not OMB required)	391,878
D. Ethnicity	566,239
Hispanic or Latino	5,983
Not Hispanic or Latino	127,019
Ethnicity Unknown	433,237

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	4729273
0-4	0
5-11	155208
12-14	235907
15-17	232965
18-20	237019
21-24	324485
25-44	1579626
45-64	1563676
65 and over	400387
Age Not Known	0
B. Gender	4729273
Male	2347594
Female	2381679
Gender Unknown	0
C. Race	4729273
White	3963796
Black or African American	601589
Native Hawaiian/Other Pacific Islander	0
Asian	128623
American Indian/Alaska Native	35265
More Than One Race (not OMB required)	

Race Not Known or Other (not OMB required)	
D. Ethnicity	4729273
Hispanic or Latino	206591
Not Hispanic or Latino	4522682
Ethnicity Unknown	0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	\$0.00
Number of Persons Served¹	566,239	4,729,273

¹Number of Persons Served is populated from Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies: Number of Persons Served By Age, Gender, Race, and Ethnicity

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Missouri is opting out of this form.

V: Performance Indicators and Accomplishments

Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
 - Guideline 1:
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Missouri utilizes the Strategic Prevention Framework model to implement the four guidelines. The process includes: assessment of the community needs and readiness; capacity building to mobilize and address the needs of the community; development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs; implementation of the prevention plan; and evaluation of the results to achieve sustainability and cultural competency. Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network and SAMHSA's Center for Substance Abuse Prevention. The Division of Behavioral Health ultimately determines whether or not a chosen intervention falls under the parameters of the guidelines.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Missouri collects data on the number of programs and strategies through a manual collection process utilizing monthly progress and fidelity reporting forms.

Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	369	390	759	117	0	876
2. Total number of Programs and Strategies Funded	369	390	759	117	0	876
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %		100.00 %

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 741	\$2,047,951.29
Universal Indirect	Total # 774	\$284,865.93
Selective	Total # 234	\$1,940,870.43
Indicated	Total # 0	\$0.00
	Total EBPs: 1,749	Total Dollars Spent: \$4,273,687.65
Primary Prevention Total¹	\$5,312,862.55	

¹Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Amount of primary prevention funds for primary prevention programs (this amount should match the total reported in Table 5a and Table 5b) \$4,273,687.65

Amount of primary prevention funds in Table 4, Line 2 that are for Prevention-SA resource development (this amount should not include funds reported in Table 5a or Table 5b) \$1,039,174.90.

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2022 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category D:		
File	Version	Date Added

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes: